

**Level II Fingerprinting
Holy Family Catholic Church**

Name(s): _____

Date of Fingerprinting: _____

Where: _____

Cost is \$50.00 per person.

Please make checks payable to: Holy Family Catholic Church

Please submit this form to the Parish office before your appointment.

Office Hours are Monday-Friday 8:30am to 4:30pm Office is closed from 12:00 until 1pm for Lunch.

I will pay for the Level II Fingerprinting. Make checks payable to Holy Family Catholic Church.

**I would like Holy Family Catholic Church to be billed
I understand I will volunteer for the Pastoral Council Child Care Ministry**

11/2007

For Office Use only:

Amount: _____ Check Number: _____ Date: _____ Cleared: _____

Pastoral Council / Child Care Ministry